

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11875

STATE FILE NUMBER

163-045190

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN ST. LOUIS, MO.

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. LOUIS CITY HOSP. # 1

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY

OR

TOWN

Gardenville

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

4600 Seibert

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First
McKINLEY

Middle

Last
BARNES

4. DATE
OF DEATH

Month

11

Day

30

Year

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12/26/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Vulcan Corp.

11. BIRTHPLACE (City and state or country)

Murray Ky.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Barnes

13b. MOTHER'S MAIDEN NAME

not Known

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gaylon E Barnes 4600 Seibert

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RESPIRATORY ACIDOSIS

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CHRONIC PULMONARY EMPHYSEMA.

DUE TO (c)

527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/27/63 to 11/30/63 and last saw him alive on 11/30/63

Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald K. Bach M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

11/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12/2/1963

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L. Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

DEC 2 1963

26. REGISTRAR'S SIGNATURE

Donald Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BACK

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1

2400

3

4 0

5 3

6

7 1

8 2

9

10

11

12 75-0

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ronald Biny

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.